Notice of Entitlement and Intention to take Shared Parental Leave [Father/Partner/Co-adopter]

To be given by the child’s father/mother’s partner

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Dear **[Name/Role of person to whom notice should be given]**

**Notice of Entitlement and Intention to take Shared Parental Leave**

I am writing to let you know that I am eligible for and that my partner and/or I intend to take a period of Shared Parental Leave.

I set out below the information that I am required to give you to confirm my entitlement to Shared Parental Leave

|  |  |
| --- | --- |
| My name |  |
| My partner’s name |  |
| The start and end dates of my partner’s maternity leave | Start Date:  End Date: |
| The total amount of Shared Parental Leave (in weeks) available to me and my partner is | XX weeks |
| The total amount of statutory shared parental pay (in weeks) available to me and my partner is | XX weeks |
| My child’s expected week of childbirth/date notified of having been matched with a child |  |
| My child’s date of birth/date of placement |  |
| How much Shared Parental Leave and statutory shared parental pay I intend to take (in weeks) | XX weeks |
| How much Shared Parental Leave and statutory shared parental pay my partner intends to take (in weeks) | XX weeks |
| The start and end dates of each period of Shared Parental Leave I intend to take and in which period or periods I intend to claim statutory shared parental pay |  |

I confirm that:

1. I satisfy the following eligibility criteria for Shared Parental Leave or will have satisfied them at the date I take leave:

* I had been employed for 26 weeks at the 15th week before my child’s EWC/date of matching and I will remain in the employment until the week before my first period of Shared Parental Leave
* I have main responsibility for the care of my child with the child’s mother/primary carer
* I have complied with the relevant notification requirements and provided any additional evidence requested

1. The information given in this notice is accurate;
2. I am [name of child]’s father, or married to or the civil partner of [name of child]’s mother/primary carer; and
3. I will inform you immediately if I cease to care for my child or if my partner informs me that they have revoked their decision to curtail their period of maternity/adoption leave or pay.

I enclose a declaration from my partner providing the further information she is required to give.

Yours sincerely

[Name]

Date:

**Mother’s / Primary Adopter’s declaration to accompany father’s/partner’s/co-adopter’s notice of entitlement**

Dear [name/role of person to whom notice should be given]

**Declaration in relation to Shared Parental Leave**

I confirm that:

1. I satisfy the employment and earnings criteria that allow my partner to access Shared Parental Leave;
2. Together with [name of child’s father / mother’s partner] I have the main responsibility for the care of [child’s name];
3. I am entitled to statutory maternity/adoption leave, statutory maternity/adoption pay or statutory maternity allowance in respect of [name of child] and I have either returned to work or curtailed my maternity/adoption leave or maternity/adoption pay or maternity allowance period (and that period remains curtailed);
4. I will immediately inform [name of child’s father / mother’s partner] if I decide to revoke my decision to curtail my maternity/adoption leave or maternity/adoption pay or maternity allowance period;
5. I consent to [name of father/ mother’s partner] taking the amount of leave set out in his/her Shared Parental Leave Notice of Entitlement; and
6. I consent to you processing the information contained in this declaration for the purposes of [name of father / mother’s partner]’s application for Shared Parental Leave.

I set out below the further information I am required to give you:

|  |  |
| --- | --- |
| My name |  |
| My address |  |
| My national insurance number OR I confirm I do not have a national insurance number |  |

Yours sincerely

Name

Date: